



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

Ahmed A. Khalifa, MD

Respondent Name

Zurich American Insurance Co

MFDR Tracking Number

M4-14-1336-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

November 25, 2013

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "On August 12, 2013 we submitted a fully completed HCFA form with supporting documentation related to the dates of service August 06, 2013 for payment processing. However, as of today we have yet to receive any payment or response."

Amount in Dispute: \$495.87

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: Written acknowledgment of medical fee dispute received however, no position statement submitted.

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
August 6, 2013	64479, 64480	\$495.87	\$495.87

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §133.240 sets out the requirements of medical payments and denials.
3. 28 Texas Administrative Code §134.203 sets out reimbursement guidelines for professional medical services.
4. No explanation of benefits applicable to the services in dispute was provided by the requestor or respondent.

Issues

1. Did the respondent process claim per Division rules?
2. Is the requestor entitled to reimbursement?

Findings

1. The Division placed a copy of the Medical Fee Dispute Resolution request in the insurance carrier's Austin representative box, which was acknowledged, received on January 17, 2014. The insurance carrier did not submit a response for consideration in this review. Per the Division's former rule at 28 Texas Administrative Code §133.307(d)(1), effective May 25, 2008, 33 *Texas Register* 3954, "If the Division does not receive the response information within 14 calendar days of the dispute notification, then the Division may base its decision on the available information." Accordingly, this decision is based on the available information.
2. 28 Texas Administrative Code §133.240(a) states in pertinent part, "An insurance carrier shall take final action after conducting bill review on a complete medical bill, or determine to audit the medical bill in accordance with §133.230 of this chapter (relating to Insurance Carrier Audit of a Medical Bill), not later than the 45th day after the date the insurance carrier received a complete medical bill." No evidence was presented to support the carriers took any action on the services in dispute. Therefore, these services will be reviewed per applicable rules and fee guidelines.
3. 28 Texas Administrative Code §134.203 (c) states in pertinent part, "To determine the MAR for professional services, system participants shall apply the Medicare payment policies with minimal modifications. (1) For service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Radiology, Pathology, Anesthesia, and Surgery when performed in an office setting, the established conversion factor to be applied is (date of service yearly conversion factor)."
 - Procedure code 64479, service date August 6, 2013, represents a professional service with reimbursement determined per §134.203(c). The provider billed this code with modifier 50, indicating a bilateral procedure. Review of the submitted documentation finds that the modifier is supported; accordingly, payment for this procedure is adjusted by 150 percent of the fee schedule amount for a single code. The Medicare fee is the sum of the geographically adjusted work, practice expense and malpractice values multiplied by the conversion factor. The MAR is calculated by substituting the Division conversion factor. For this procedure, the relative value (RVU) for work of 2.29 multiplied by the geographic practice cost index (GPCI) for work of 1 is 2.29. The practice expense (PE) RVU of 1.46 multiplied by the PE GPCI of 0.912 is 1.33152. The malpractice RVU of 0.27 multiplied by the malpractice GPCI of 0.809 is 0.21843. The sum of 3.83995 is multiplied by the Division conversion factor of \$69.43 for a MAR of \$266.61. This amount is multiplied by the 150% bilateral procedure adjustment for a total of \$399.92. Per §134.203(h), reimbursement is the lesser of the MAR or the provider's usual and customary charge. The lesser amount is \$334.65.
 - Procedure code 64480, service date August 6, 2013, represents a professional service with reimbursement determined per §134.203(c). The provider billed this code with modifier 50, indicating a bilateral procedure. Review of the submitted documentation finds that the modifier is supported; accordingly, payment for this procedure is adjusted by 150 percent of the fee schedule amount for a single code. The Medicare fee is the sum of the geographically adjusted work, practice expense and malpractice values multiplied by the conversion factor. The MAR is calculated by substituting the Division conversion factor. For this procedure, the relative value (RVU) for work of 1.2 multiplied by the geographic practice cost index (GPCI) for work of 1 is 1.2. The practice expense (PE) RVU of 0.56 multiplied by the PE GPCI of 0.912 is 0.51072. The malpractice RVU of 0.18 multiplied by the malpractice GPCI of 0.809 is 0.14562. The sum of 1.85634 is multiplied by the Division conversion factor of \$69.43 for a MAR of \$128.89. This amount is multiplied by the 150% bilateral procedure adjustment for a total of \$193.34. Per §134.203(h), reimbursement is the lesser of the MAR or the provider's usual and customary charge. The lesser amount is \$161.22.
4. The total allowable reimbursement for the services in dispute is \$593.25. The amount previously paid by the insurance carrier is \$0.00. The requestor is seeking additional reimbursement in the amount of \$495.87. This amount is recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$495.87.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of \$495.87 plus applicable accrued interest per 28 Texas Administrative Code §134.130 due within 30 days of receipt of this Order.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

December 3, 2014

Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, 37 *Texas Register* 3833, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.